



CENTER FOR HEALTH CARE EVALUATION

HSR&D CENTER OF EXCELLENCE, VA PALO ALTO HEALTH CARE SYSTEM

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Center for Health Care Evaluation Has A New Director and A New Director Emeritus

The Center for Health Care Evaluation is under new leadership. John W. Finney, PhD, became Director of the Center in August 2002. Dr. Finney had served as Evaluation Coordinator of the Center since its inception in 1985. In addition, he is the Research Coordinator for the HSR&D Quality Enhancement Research Initiative (QUERI) Substance Use Disorders Module. Dr. Finney's roles in HSR&D reflect his interest in translating research evidence on effective substance abuse treatment practices into routine clinical care.

Much of Dr. Finney's work has involved conceptually-driven, process-outcome evaluations of substance use disorder (SUD) treatment programs. These evaluations also have attempted to determine the role of extra-treatment factors in the post-treatment course of SUDs. Dr. Finney led a meta-analysis project that examined 701 alcohol treatment outcome studies reported between 1970 and 1998. In addition to determining the methodological quality and general nature (e.g., participant characteristics, treatments studied, outcomes assessed) of the studies, the project focused on the relative effectiveness or effects of various psychosocial and pharmacologic treatment modalities, inpatient versus outpatient treatment, and brief interventions versus usual care in medical settings or more extensive care in specialized settings. In both his treatment evaluation and meta-analytic projects, Dr. Finney has been attempting to gather evidence for matching patients to treatments.

Before Dr. Finney took over, CHCE's first and only Director was Rudolf Moos, PhD. Dr. Moos is staying on as CHCE's Director

Emeritus, to the great delight of all HSR&D staff. In his long and productive career, Dr. Moos has worked to improve the lives of veterans with substance use and/or psychiatric disorders by contributing to an understanding of the patient and treatment factors that predict outcomes of mental health care, and developing methods to assess the quality of patient care. Dr. Moos has developed instruments to identify psychosocial risk factors associated with the onset, progression, and remission of psychiatric and substance use disorders. In addition to being the first recipient of the Under Secretary's Award for Outstanding Achievement in Health Services Research, Dr. Moos has received a number of other important awards for his research, including one of the first MERIT Awards given by the National Institute on Alcohol Abuse and Alcoholism. Dr. Moos also has served as a valued mentor to numerous health services and clinical researchers.

A celebration to welcome CHCE's new Director and to honor its Director Emeritus was held at the Menlo Park Division of the VA Palo Alto Health Care System on September 9, 2002. Thanks go to Jan Beyer for planning and organizing this event. The Center looks forward to many years of continued success under our new leadership. □

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Just Out: Report on Bioterrorism Preparedness and Response in Health Care Systems

The nation's capacity to respond to bioterrorism depends in part on the ability of clinicians and public health officials to detect, manage, and communicate during a bioterrorism event. The system of VA hospitals will be an essential component of any large scale response to such circumstances. Information technologies and decision support systems (IT/DSSs) have the potential to aid clinicians (e.g., physicians, nurses, nurse practitioners, and respiratory therapists) and public health officials to respond effectively to a bioterrorist attack. Led by Douglas Owens, MD, a CHCE Core Investigator, the UCSF/Stanford Evidence-Based Practice Center recently published a report, Bioterrorism Preparedness and Response: Use of Information Technologies and Decision Support Systems.

The report details the methodology, results, and conclusions of a systematic and extensive search of published materials for answers to four key questions: (1) What are the information needs of clinicians and public health officials in the event of a bioterrorism event? (2) Based on the information needs identified for these decisionmakers, what are the criteria by which IT/DSSs should be evaluated with respect to usefulness during a bioterrorism event? (3) When assessed by these criteria, in what ways could existing IT/DSSs be useful during a bioterrorism event? In what ways are they limited? (4) In areas where existing IT/DSSs do not meet the information needs of clinicians or public health officials, what functional and technical considerations are important in the design of

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CENTER FOR HEALTH CARE EVALUATION

Mission: To promote high quality, cost-effective health care for veterans and for the nation's population as a whole by conducting, disseminating, and applying state-of-the-art health services research in four main areas: the organization and delivery of health care services; diagnostic assessment, screening, and clinical decisionmaking; the process and outcome of treatment for substance use and psychiatric disorders; and health care evaluation methodology.

Find out more about us at www.chce.research.med.va.gov. Information about our affiliated Centers is also available on the internet. Check out the Health Economics Resource Center at www.herc.research.med.va.gov.

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Mark Smith, PhD

Todd Wagner, PhD

Ken Weingardt, PhD

Wei Yu, PhD

NEW FINDINGS

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future IT/DSSs to support response to bioterrorism events?

Conclusions are that IT/DSSs have the potential to help clinicians and public health officials make better decisions when responding to a bioterrorism event. IT/DSSs are identified that could potentially aid with detection, diagnosis, management, prevention, surveillance, and communication. However, most of these systems were not designed specifically for

bioterrorism and have not been evaluated rigorously to provide direct evidence about the usefulness of them for bioterrorism. The report recommends that detailed evaluations of IT/DSSs be conducted to guide further system development.

A summary of this report, and how to obtain the full report, are on the Agency for Healthcare Research and Quality website: www.ahrq.gov/clinic/epcsums/bioitsum.htm. □

New Review of Studies to Prevent Sudden Cardiac Death

The possibility of sudden, unexpected death is a prominent feature of the natural history of patients with heart disease. One strategy for reducing the risk of sudden cardiac death is to use specific antiarrhythmic drugs and devices as a means of preventing or terminating ventricular arrhythmias. With his colleagues, Paul Heidenreich, MD, a CHCE Core Investigator, reviewed studies of the efficacy of drugs and devices that are targeted specifically to treat ventricular arrhythmias and have reduction of sudden cardiac death as their primary goal. The review relied solely on randomized trials.

Because type I antiarrhythmic drugs decrease the frequency of premature ventricular contractions, which are a risk marker for sudden cardiac death, it was thought that prophylactic administration of these agents would improve outcome in patients who had recovered from myocardial infarction. However, subsequent research raised concerns about the safety of type I antiarrhythmic agents, and so most clinicians have abandoned their prophylactic use and are also avoiding their use in patients with symptoms who have ischemic heart disease and left ventricular dysfunction. Type I agents should be reserved for patients with symptomatic arrhythmias, and even in these patients other therapies may be preferred when the ejection fraction is substantially reduced.

Dr. Heidenreich's review found that, in contrast to type I agents, amiodarone, a complex type III antiarrhythmic drug, may reduce the mortality rate in patients at risk for sudden cardiac death. Positive experience with amiodarone, which has several potential mechanisms of action in addition to its type III effects, increased interest in use of other type III antiarrhythmic agents. However, there is little support for the hypothesis that pure type III agents are effective in the prevention of sudden cardiac death among patients at risk.

Because the interval from the onset of arrhythmias to death is often far too brief for medical assistance, the need for alternative methods of treating patients has long been evident. Efforts to develop an implantable cardioverter defibrillator (ICD) were successful in the early 1980s. ICDs reduce the mortality rate by 24% relative to amiodarone therapy. Evidence supporting the efficacy of the ICD is strongest in patients who have experienced an episode of sustained ventricular tachycardia or ventricular fibrillation.

These findings are in, "Overview of Randomized Trials of Antiarrhythmic Drugs and Devices for the Prevention of Sudden Cardiac Death," by Paul A. Heidenreich, Brian Keeffe, Kathryn M. McDonald, and Mark A. Hlatky in *American Heart Journal*, 2002, 144, 422-430. □



Check us out... Here's an easy way to find out what's going on at CHCE... just visit our web site by typing chce.info into your web browser... It will take you right to our CHCE homepage where you can read about the Center for Health Care Evaluation and/or download the latest PDF versions of our current research.

Brief Interventions for Alcohol Problems are Effective for Selected Patients

Methodological Quality of Alcohol Treatment Studies is Improving

A recent meta-analysis by John Finney, PhD, CHCE Director, and his research team examined the effects of brief interventions for alcohol problems. Brief interventions, defined as providing a maximum of four outpatient sessions, were compared to usual treatment for patients in medical settings, and to more extended treatment for patients seeking care at alcohol treatment programs. Effect sizes were calculated at different follow-up points (from < 3 months to > 12 months) across alcohol consumption outcomes, and across all drinking-related outcome variables. Effect sizes indicate if the outcomes of one treatment group are superior to those of another, and if so, by how much.

For 34 studies comparing brief interventions to usual care in medical settings, results suggested that brief interventions are generally superior. The effects of brief interventions are strongest on their primary target of alcohol consumption, but fade substantially over time on both alcohol consumption and other drinking-related outcomes. In addition, brief interventions in medical settings are more effective when applied to patients with less severe alcohol problems. For the 20 studies comparing brief interventions to more extended treatment in alcohol programs, the effect sizes generally were not significantly different from zero (i.e., the groups receiving the two types of interventions did not differ on outcomes). Low-to-moderate alcohol-severity patients with positive life contexts and without severe skills deficits appear to be the best candidates for brief interventions in specialized alcohol treatment settings. Brief interventions can be used as the first step in a stepped-care approach to treatment for such clients, with more intensive or extended treatment available for nonresponders.

In related work, Moyer et al. reviewed 701 alcohol treatment outcome studies reported between 1970 and 1998, and found an improvement in methodological quality over

time. However, the increase in quality was not large. One of the most substantial improvements was in the proportion of studies using DSM, NCA, or WHO criteria to assess the severity of participants' alcohol problems. Such diagnostic information is particularly helpful in characterizing a patient sample. With respect to treatment provision and specification, the main improvements seen were related to standardizing treatment delivery, with therapist training and the use of treatment manuals increasing over time. A dramatic increase was seen in the proportion of studies that collected evidence to corroborate self-reports of drinking behavior.

Although this review showed that the overall methodological quality of alcohol treatment research has improved over the past three decades, Moyer et al. noted that particular components still have considerable room for improvement. These include ensuring that follow-up data are collected when respondents are alcohol-free, testing for differential dropout with respect to participant background characteristics among treatment groups, reporting the number of individuals being treated in the programs from which samples were drawn, noting the reliability and validity of measures used, and conducting process analyses to examine the potential mechanisms underlying treatment effects. The inadequate power of a majority of the studies remains an important concern.

For further information see the full studies, "Methodological Characteristics and Quality of Alcohol Treatment Outcome Studies, 1970-98: An Expanded Evaluation" by Anne Moyer, John W. Finney & Carolyn E. Swearingen in *Addiction*, 2002, 97, 253-263, and, "Brief Interventions for Alcohol Problems: A Meta-Analytic Review of Controlled Investigations in Treatment-Seeking and Non-Treatment-Seeking Populations" by Anne Moyer, John W. Finney & Carolyn E. Swearingen and Pamela Vergun, in *Addiction*, 2002, 97, 279-292. □

MEETINGS

HSR&D Annual Meeting on Diverse Veteran Populations

The next HSR&D Service Annual Meeting will take place in Washington DC from February 12–14, 2003. Its theme will be “Diverse Veteran Populations: Challenges and Opportunities.” The Meeting will be hosted by the Center for Mental Healthcare and Outcomes Research in North Little Rock.

The HSR&D Meeting will bring together researchers, clinicians, and policymakers interested in exploring new methods to improve health care, with a special emphasis on the needs of diverse veteran populations. The program will feature invited speakers, competitively selected oral and poster presentations, workshops, and exhibits. In addition, a research funding proposal development workshop and video presentation will be offered. Throughout the conference, attendees will be encouraged to articulate the linkages between scientific activities, VA policy development, and clinical service delivery.

More information about the 2003 Annual Meeting is on the internet at www.va.gov/hsrd2003. The deadline for registration, which should be completed online, is January 8, 2003. □

FUNDING: NEW PROJECTS

San Francisco VA Receives HSR&D Award

HSR&D awarded the San Francisco VA with a Research Enhancement Award Program (REAP) in April 2002. The new interdisciplinary program, directed by Dr. Mary–Margaret Chren, is designed to improve care for older veterans. The REAP will extend current knowledge about determinants of and improvement in comprehensive health outcomes of aging veterans, such as their ability to function in daily activities and quality of life. Projects will examine complex outcomes of prevalent conditions of the elderly, including frailty, cardiovascular diseases, cancer, and impaired mental health. For example, Dr. Louise Walter, a new Career Development awardee, is examining outcomes of flexible sigmoidoscopy and colonoscopy to screen for colon cancer in older patients. Her research program within the REAP will provide information that will help clinicians better assess the potential risk and benefits of colon cancer screening in elderly individuals. □

Dr. Owens Directs Evidence-Based Practice Center

The Agency for Healthcare Research and Quality (AHRQ) announced in June 2002 that the Evidence–Based Practice Center (EPC) jointly run by Stanford University and University of California, San Francisco, will continue for the next five years. Douglas Owens, MD, will serve as Director of the Center. The ongoing Stanford–UCSF EPC will undertake projects to continue and expand the work performed during the previous five–year contract from AHRQ. This work will consist of methodologically–rigorous and systematic reviews and analyses of scientific literature on clinical, behavioral, organizational, and financing topics. The resulting evidence reports are used by federal and state agencies, private sector professional societies, health delivery systems, providers, payers, and others committed to evidence–based health care. □



This Newsletter is published annually by the Center for Health Care Evaluation (152MPD), VA Health Care System, 795 Willow Road, Menlo Park, CA 94025; phone (650) 617–2746. We welcome questions and feedback; please direct comments to Christine Timko or Ken Weingardt.

Designed by Jan Beyer.

FUNDING: NEW PROJECTS

Researchers Receive Funding for Health Services Projects

In recent months, a number of CHCE's core investigators received funding for health services research projects. The PIs and their projects and funding agencies are:

Ruth Cronkite, PhD, Long-Term Health Outcomes Study, Eli Lilly.

Alan Garber, MD, PhD, International Comparison of Care for Dementia in the Elderly, NIA.

Mary Goldstein, MD, Study to Lower Veterans' Blood Pressure: Patient/Physician Intervention, HSR&D IIR.

John Kelly, PhD, Feasibility and Effectiveness of Integrated Group Treatment for Dual Diagnosis, and, Reasons for Non-Attendance and Drop-Out from Self-Help Groups, HSR&D LIPs.

Douglas Owens, MD, Economic Substudy Tri-National (Canada, UK, USA) Trial 1: Options in Management with Anti-Retrovirals (TNT-1: OPTIMA), CSP.

Craig Rosen, PhD, Feasibility of Telephone Case Monitoring for Veterans with PTSD, HSR&D LIP.

Kathleen Schutte, PhD, Aggressive Treatment of Depression: Consequences for Bipolar Patients, HSR&D LIP.

Christine Timko, PhD, Substance Abuse Self-Help Group Referral: Outcomes and Services Use, HSR&D IIR.

Todd Wagner, PhD, Internet Use and Health Care Among Older Adults, NIA.

Ken Weingardt, PhD, Using Instructional Design and Technology to Disseminate the VA Clinical Practice Guideline for the Management of Alcohol Withdrawal, HSR&D LIP. □

FUNDING OPPORTUNITIES

Candidates Sought for Postdoctoral Program in HSR

The Center for Health Care Evaluation, a training site for VA postdoctoral fellows in health services research (HSR), is seeking candidates for fellowships beginning October 2003. Funded by the VA Office of Academic Affiliations and the Health Services Research and Development Service, the program offers an excellent opportunity for fellows to combine formal training in HSR with research in such areas as quality of care and program evaluation, outcomes monitoring, health economics, diagnostic assessment and clinical decisionmaking, and organization and delivery of services.

During their appointments (one year, with the possibility of renewal for a second year), fellows will further their training in such areas as health care methodology, health economics, health research and policy, and clinical decisionmaking, through seminars and formal coursework.

The program provides a stipend of \$37,000 plus FICA per year. Candidates must have a PhD in a relevant field and be US citizens. For further information, contact Jan Beyer at (650) 617-2746. □

Medical Informatics Postdoctoral Program Seeking Candidates

The postdoctoral training program in Medical Informatics, offered jointly by the Center for Health Care Evaluation and the Stanford University Medical Information Sciences Program, is seeking candidates with an MD or a PhD for fellowships beginning July 2003.

Funded by the VA Office of Academic Affiliations, the VA Health Services Research and Development Service, and the VA Office of the Chief Information Officer, the program combines formal training in medical informatics with research applying medical informatics to areas of relevance to the VA health care system, such as medical decisionmaking, decision support systems, information processing, and disease management technologies. Fellows acquire skills in medical informatics, gain insight into current issues in medical informatics that are relevant to VA clinical and research programs, and develop expertise in conducting collaborative and interdisciplinary research. Through seminars and formal coursework, fellows also receive training in such areas as clinical decisionmaking, information technologies, communication tasks of medical practice, and information systems.

For more information, contact Jan Beyer at (650) 617-2746. □

New Postdoctoral Fellows Begin Research

We are pleased to have **David Buckeridge, MD, MSc**, continuing as a postdoctoral fellow in Medical Informatics. Dr. Buckeridge received his MD from Queen's University, and his MSc in Epidemiology, Collaborative Program in Environment and Health, from the University of Toronto. Dr. Buckeridge is a PhD candidate in Stanford University's Medical Informatics program. His research focuses on decision support for public health surveillance and draws from and extends methods from a number of disciplines, including decision theory, biostatistics, epidemiology, and artificial intelligence. This research is extremely timely, given the increased need for improved public health surveillance systems.

CHCE extends a warm welcome to its newest postdoctoral fellow in Medical Informatics, **Ram Duriseti, MD**, who received his MD from the University of Michigan Medical School and completed his residency training in Emergency Medicine at Stanford University Medical Center. Dr. Duriseti is pursuing a PhD in Decision Analysis and Optimization Applications at Stanford University. Dr. Duriseti's research involves the development of tools that aid in real time decision support in clinical settings, specifically in the emergency setting with patients who present with chest pain. His research has the potential of improving the accuracy of diagnosing myocardial ischemia in the emergency setting and of conserving valuable resources.

CHCE is pleased to welcome **Tamara Hartl, PhD**, our most recent postdoctoral fellow in health services research. Dr. Hartl received her PhD in Clinical Psychology at the University of Connecticut and just completed her Psychology Internship at the VA Palo Alto Health Care System. Her research focus is on comorbid anxiety disorders among veterans with PTSD and posttreatment outcome among veterans who completed an inpatient PTSD program.

We are delighted that **Colleen Loomis, PhD**, is continuing her HSR&D postdoctoral fellowship. Dr. Loomis completed her PhD in Human Services Psychology and Community-Social Psychology from the University of Maryland, Baltimore County. Dr. Loomis is involved in research aimed at enhancing the quality of life for individuals in diverse settings, increasing their psychological sense of community, and reducing their alienation and social isolation, particularly in relation to substance misuse and dependence. □

CHCE Welcomes New Staff

In addition to our new postdoctoral fellows, the Center for Health Care Evaluation is pleased to announce that thirty new staff members have joined our team:

Magda Berger earned her MPH at Tulane University. She works at the Health Economics Resource Center as a research associate and statistical programmer. Magda is currently working on health care utilization of veterans in substance use disorder treatment programs.

Genery Booster earned a BA in Psychology from Stanford University, where she worked with Ian Gotlib studying life stress, coping skills and depression. She is currently working with Ruth Cronkite on a depression treatment follow-up project.

Steven Cavella earned a BA in Psychology and Criminology from UC Irvine. Before joining us, Steven served as Coordinator in Irvine's Department of Research & Graduate Studies, where he worked primarily with one of the university's biomedical Institutional Review Board Committees. He is currently working on a Veterans Health Survey project.

STAFF NEWS

Susan Frayne, MD, MPH is an internist who recently joined us from the VA HSR&D Center of Excellence in Bedford, Massachusetts. She is a VA HSR&D Advanced Research Career Development Fellow studying issues at the interface of medicine and mental health. Building on her prior experience as co-founder and medical director of the interdisciplinary Women Veterans Comprehensive Health Center at VA Boston, she has a particular interest in approaches to providing high quality medical care to women with post-traumatic stress disorder.

Bianca Frogner recently earned a BA from University of California, Berkeley in molecular and cell biology with an emphasis on neuroscience. She is a Research Assistant for the Treated/Untreated (TUT) 16-year follow up of problem drinkers.

Brianna Gass joined CHCE after completing the MPH program at UC Berkeley, where she concentrated in health policy and administration. While in school, she worked for the Institute for the Future in San Francisco, where she assisted in forecasting long-term trends in health services. Brianna has been helping to set-up the Self-help Referral project with Christine Timko.

Susan Gillo joined the Substance Abuse Treatment Outcomes Monitoring project as a project coordinator. Susan received her B.A. in psychology from the University of California at Berkeley, where she worked on several projects in the Institute of Human Development.

Vilija Gulbinas attended the University of California, Los Angeles, where she earned a BA in International Area Economics, with a minor in Public Policy. Before joining us, Vilija worked with the Greater Los Angeles VAHCS on a QUERI-HIV study. She is currently working with the Health Economics Resource Center on the Options in Management with Antiretrovirals (OPTIMA) study.

Tom Harkins provides desktop and network support to CHCE staff, as well as facilitating technology support and projects with CPSS, IRMS and Stanford. Tom comes to CHCE after several years as an Independent Contractor providing desktop and networking support to businesses and nonprofits throughout the Bay Area. Tom earned a BA in Music from the University of Minnesota.

Rashelle Hix joined the Substance Abuse Treatment Outcomes Monitoring Project as a project coordinator shortly after she graduated from Cornell University, where she received a B.A. in Psychology, with a concentration in American Indian Studies.

Erin Ingudomnukul graduated from Dartmouth College in 2001 with a BA in Psychological and Brain Sciences. She currently works as a data analyst for two mental health studies: the Continuity of Care Project and the Longitudinal Health Outcomes Project.

John F. Kelly, PhD, received his PhD in 2001 from the University of California, San Diego/San Diego State, Joint Doctoral program in Clinical Psychology. He currently works as a Translation Coordinator for the VA Quality Enhancement Research Initiative Substance Use Disorders (QUERI-SUD) module, which is responsible for translating evidence-based best-practices for substance use disorders into clinical care. John's other areas of interest include self-help utilization and effects among patients with substance use disorders; effects of psychiatric comorbidity in the treatment and outcome of substance use disorders; and theories/process of change and mechanisms of action during and following treatment

Preety Kalra recently received her MS in Epidemiology from Stanford. Prior to that she worked as a project coordinator with the Asian & Pacific Islander American Health Forum studying cardiovascular disease risks among Asian Indians. At CHCE she will serve as project coordinator for John Kelly's smoking cessation project.

STAFF NEWS

Robyn Lewis earned a MA in Sociology from Stanford University in 2002, where she focused on organizational systems. She is currently working on a project to improve services for dementia patients in primary care.

Che-Chin Lie attended the University of California, Berkeley, where she earned a BA in Statistics and Economics. She is currently working with the Program Evaluation & Resource Center to prepare two reports entitled Health Services for VA Substance Use Disorder and Psychiatric Patients, and VA Care for Substance Use Disorder Patients: Indicators of Facility and VISN Performance.

Lisa Liu is currently working as a Research Health Science Specialist for the Substance Abuse Treatment Outcomes Monitoring project. Before joining CHCE, she studied feverishly in harsh weather conditions to earn her B.A. in Psychology and Economics from Cornell University.

Frank Lynn works with the Health Economics Resource Center as an editor, webmaster, and administrative officer. He received a Master's degree in Political Science from California State University, Chico. Frank's healthcare experience includes helping implement California's Healthy Families program as a project manager.

Iana Maple works primarily with Ruth Cronkite on the 22 year follow-up of depressed patients. She graduated from UC Davis with a Bachelor's Degree in Psychology and plans to continue her education in psychology with a focus on the areas of depression, anxiety, OCD and addiction.

John McKellar, PhD, is a clinical psychologist who works as a principal investigator with the Program Evaluation and Resource Center. His work focuses primarily on increasing access to and the appeal of substance use disorder treatment. He received his PhD from the University of South Florida in 2001.

Jared Minkel graduated from UC Berkeley with a BA in psychology. He is currently working on projects studying methadone services, pain's relationship to substance abuse and mental health, and comorbid conditions related to pain and substance abuse, especially post-traumatic stress disorder.

Trudy Poon attended UCLA where she earned a MS in Statistics. Before joining us, Trudy was in a summer internship in Korea for three months. She is currently working as a data analyst for the Program Evaluation and Resource Center.

Phillip Post attended UC Santa Cruz where he earned a BA in Psychology, with an emphasis in personality. He is currently working at the Health Economics Resource Center as a research assistant and administrator.

Jacob Robson works as a research assistant on the 22-year depression study. Before joining the CHCE, Jacob earned a BA in Psychology from Rice University, with foci in neuroscience and industrial and organizational psychology. Jacob also assisted in the Continuity of Care Project.

Jill Sempel earned a BS in psychology from Santa Clara University. Before coming to the VA, she worked with SCU professor, Tim Urdan, PhD, on projects examining the academic goals of high school students. She is currently working on the Self-Help project, which is identifying effective ways to refer substance abuse patients to 12-step self-help groups.

Mark W. Smith, PhD, received his PhD in economics from Yale University. Prior to joining CHCE, he conducted health services research for The MEDSTAT Group in Washington, DC. Currently Mark works in the Health Economics Resource Center (HERC), where he develops guidelines for carrying out micro-costing of VA health care. Other areas of interest include cost-effectiveness analysis, health care for mental health and substance abuse, and the economic impacts of traumatic violence.

STAFF NEWS

LaShika Sneed earned a BA in Human Biology from Stanford University with a concentration in Women's Health. Before joining CHCE, she was co-director of the Sexual Health Peer Resource Center at Stanford and served as a rural health care worker for the Office of Border Health in El Paso, TX. She currently provides administrative support to the Center and prepares the HSR&D annual report.

Terrance Sweeney holds a MS in Education from Alfred University, where he focused on research design and data analysis. Terry came to the Center from Survey.com, an online data collection and analysis company for private sector clients. He is responsible for coordinating all aspects of the Alcoholism Clinical Practice Guidelines Implementation project. He also is currently the webmaster for the CHCE website.

Ken Weingardt, PhD, is a clinical psychologist who received his degree from the University of Washington in 1999. Following a Postdoctoral Fellowship here in 2000, he worked as an online learning consultant in the technology industry. Ken is currently the PI on several projects exploring the role of web-based training in the process of translating Substance Use Disorder (SUD) treatment research into clinical practice. He has interests in clinical practice guideline implementation, technology transfer, and program evaluation.

Donna Wu received a BA in Business Economics from UCLA and worked as a database marketer for various high tech companies before joining CHCE. She is applying to medical school and hopes to become a psychiatrist to be able to sort herself out after working for six years in high tech. She is currently working on the Depression Followup Project.

Matthew Yeh works with the Health Economics Resource Center as a Programmer/Research Assistant. He works on the HERC inpatient and outpatient average cost databases. He recently received a BS in Symbolic Systems and a BA in Psychology from Stanford University. □



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